Ravalli County Planning Department Use
FEE \$200.00
APPROVED/DENIED:(DATE)

## Request for Additional Wastewater Treatment Facilities without Subdivision Review

<u>Instructions</u>: To apply for relief from subdivision review to construct an additional wastewater treatment facility on a single parcel of land without subdivision review, please fill out this form and attach copies of requested documents. The applicant must sign the back page before a notary public and submit this form, together with the requested attachments, to the Ravalli County Planning Department. Maps and drawings may be hand drawn or based on copies of other documents. Attachments are sufficient if they convey the information requested.

1. APPLICANT IDENTIFICATION.	
Applicant's Name	Agent
Applicant's Address	Agent's Address
Phone Number ()	Phone Number ()
Questions about this Affidavit should be directed Applicant or Agent. (Circle One)  Is title to the parcel held by this applicant?	
held and the applicant's legal interest in the pro-	
2. LOCATION AND LEGAL DESCRIPTION F PROPOSED:  // / / / Sec. Twn. Range COS No. Tract No.	/
Subdivision Name Lot/Block	Parcel # Geocode

3. 33 <u>—</u> 3. 1. 1. 1. 2—
(A) Please describe the structures currently on the parcel:
B) Please describe the facilities you wish to construct that will be connected to the new wastewater treatment facilities (include number of bathrooms, use of other rooms including cooking and living facilities, and non-living facilities such as shops, barns, etc):
(Attach additional sheets if necessary)  4. HISTORY OF APPLICANT:

If the applicant has previously used exemptions to divide property please list the divisions and state the date, C.O.S. No. or Amended Plat name, the exemption used and if either the remainder parcel or the parcel created by exemption was transferred, name the transferee and provide a recording reference for the transfer.

Has applicant divided property by use of an exemption after July 1, 1974?

Date	COS No.	Exemption Used	Transferee and recording reference

(Attach additional sheets, if necessary.)

## **REQUIRED ATTACHMENTS:**

3. USE OF PARCEL:

- (A) A vicinity map showing the location of the parcel in relation to nearby public roads, waterways, and cities or towns.
- (B) A sketch that shows the parcel as it currently exists and a sketch that shows the proposed new structure and wastewater treatment facilities.

## By signing this form, the applicant and the landowner acknowledges and agrees as follows:

This form may be recorded with the County Clerk and Recorder relative to the subject real property.

Lease, rental or other transfer of possession of a portion of the subject real property without subdivision approval would violate the Montana Subdivision and Platting Act and the Ravalli County Subdivision Regulations, and the Applicant and subsequent property owners shall not transfer possession of any portion of the subject real property without prior subdivision approval. This provision does not apply for structurally attached buildings.

Approval to add another wastewater treatment facility without subdivision review by the Planning Department does not indicate that the property meets zoning requirements, health restrictions, floodplain permitting, or other applicable regulations. **Approval of the use of an additional wastewater treatment facility does not guarantee approval of any subdivision request.** 

Violation of the Montana Subdivision and Platting Act or the Ravalli County Subdivision Regulations is a misdemeanor per Section 76-3-105 MCA, and false statements to a public official may constitute a misdemeanor per Sections 45-7-202 and 45-7-203, MCA.

I swear and affirm that I have examined this form and to the best of my knowledge and belief, it is true, correct, complete and is in compliance with all Montana State laws and Ravalli County regulations and resolutions.

Applicant's Agent	Applicant
License No., if applicable	Applicant
	Applicant
STATE OF MONTANA )	
County of Ravalli )	
Public, personally appeared	,, before me the undersigned Notary
instrument, and acknowledged to mo	n to me to be the one whose name is subscribed to this e that they executed the same.
Notary Public for the State of Monta	na
Residing at	;
My Commission expires:	